

---

---

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Regina Contursi Machado Da Silveira

---

---

Write the full name of each plaintiff.

\_\_\_\_ CV \_\_\_\_  
(Include case number if one has been assigned)

-against-

New York City Department of Education;

---

Principal Melatina Hernandez, PS 123 Mahalia

---

Jackson School

---

Write the full name of each defendant. The names listed above must be identical to those contained in Section I.

Do you want a jury trial?

☒ Yes ☐ No

**EMPLOYMENT DISCRIMINATION COMPLAINT**

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. PARTIES****A. Plaintiff Information**

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Regina		Contursi Machado da Silveira	
First Name	Middle Initial	Last Name	
220 West 26th Street, Apt. 901			
Street Address			
New York, New York		NY	10001
County, City		State	Zip Code
646 584 2025		reginacontursi@gmail.com	
Telephone Number		Email Address (if available)	

**B. Defendant Information**

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. (Proper defendants under employment discrimination statutes are usually employers, labor organizations, or employment agencies.) Attach additional pages if needed.

Defendant 1:	New York City Department of Education		
	Name		
	52 Chambers Street		
	Address where defendant may be served		
	New York, New York	NY	10007
	County, City	State	Zip Code
Defendant 2:	Melatina Hernandez, Principal		
	Name		
	PS 123, Mahalia Jackson School, 301 West 140th Street		
	Address where defendant may be served		
	New York, New York	New York	10030
	County, City	State	Zip Code

Defendant 3:

---

Name

---

Address where defendant may be served

---

County, City

State

Zip Code

## II. PLACE OF EMPLOYMENT

The address at which I was employed or sought employment by the defendant(s) is:

PS 123, Mahalia Jackson

---

Name

301 West 140th Street

---

Address

New York, NY

NY

10030

---

County, City

State

Zip Code

## III. CAUSE OF ACTION

### A. Federal Claims

This employment discrimination lawsuit is brought under (check only the options below that apply in your case):

- ☒ **Title VII of the Civil Rights Act of 1964**, 42 U.S.C. §§ 2000e to 2000e-17, for employment discrimination on the basis of race, color, religion, sex, or national origin

The defendant discriminated against me because of my (check only those that apply and explain):

- ☐ race: \_\_\_\_\_
- ☐ color: \_\_\_\_\_
- ☐ religion: \_\_\_\_\_
- ☐ sex: \_\_\_\_\_
- ☒ national origin: Brazilian

- ☐ **42 U.S.C. § 1981**, for intentional employment discrimination on the basis of race

My race is: \_\_\_\_\_

- ☒ **Age Discrimination in Employment Act of 1967**, 29 U.S.C. §§ 621 to 634, for employment discrimination on the basis of age (40 or older)

I was born in the year: 4/16/1966

- ☒ **Rehabilitation Act of 1973**, 29 U.S.C. §§ 701 to 796, for employment discrimination on the basis of a disability by an employer that constitutes a program or activity receiving federal financial assistance

My disability or perceived disability is: optic athropy

- ☒ **Americans with Disabilities Act of 1990**, 42 U.S.C. §§ 12101 to 12213, for employment discrimination on the basis of a disability

My disability or perceived disability is: optic athropy

- ☐ **Family and Medical Leave Act of 1993**, 29 U.S.C. §§ 2601 to 2654, for employment discrimination on the basis of leave for qualified medical or family reasons

## B. Other Claims

In addition to my federal claims listed above, I assert claims under:

- ☒ **New York State Human Rights Law**, N.Y. Exec. Law §§ 290 to 297, for employment discrimination on the basis of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status
- ☒ **New York City Human Rights Law**, N.Y. City Admin. Code §§ 8-101 to 131, for employment discrimination on the basis of actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status
- ☐ Other (may include other relevant federal, state, city, or county law):

\_\_\_\_\_

#### IV. STATEMENT OF CLAIM

##### A. Adverse Employment Action

The defendant or defendants in this case took the following adverse employment actions against me (check only those that apply):

- ☐ did not hire me
- ☒ terminated my employment
- ☐ did not promote me
- ☒ did not accommodate my disability
- ☒ provided me with terms and conditions of employment different from those of similar employees
- ☐ retaliated against me
- ☒ harassed me or created a hostile work environment
- ☐ other (specify): \_\_\_\_\_

##### B. Facts

State here the facts that support your claim. Attach additional pages if needed. You should explain what actions defendants took (or failed to take) *because of* your protected characteristic, such as your race, disability, age, or religion. Include times and locations, if possible. State whether defendants are continuing to commit these acts against you.

See attached addendum.

---

---

---

---

---

---

---

As additional support for your claim, you may attach any charge of discrimination that you filed with the U.S. Equal Employment Opportunity Commission, the New York State Division of Human Rights, the New York City Commission on Human Rights, or any other government agency.

## V. ADMINISTRATIVE PROCEDURES

For most claims under the federal employment discrimination statutes, before filing a lawsuit, you must first file a charge with the U.S. Equal Employment Opportunity Commission (EEOC) and receive a Notice of Right to Sue.

Did you file a charge of discrimination against the defendant(s) with the EEOC or any other government agency?

☒ Yes (Please attach a copy of the charge to this complaint.)

When did you file your charge? January 6, 2021

☐ No

Have you received a Notice of Right to Sue from the EEOC?

☒ Yes (Please attach a copy of the Notice of Right to Sue.)

What is the date on the Notice? July 30, 2021

When did you receive the Notice? August 2, 2021

☐ No

## VI. RELIEF

The relief I want the court to order is (check only those that apply):

☐ direct the defendant to hire me

☐ direct the defendant to re-employ me

☐ direct the defendant to promote me

☐ direct the defendant to reasonably accommodate my religion

☒ direct the defendant to reasonably accommodate my disability

☒ direct the defendant to (specify) (if you believe you are entitled to money damages, explain that here)

reinstate me, backpay, compensatory damages, medical and legal consultation

damages and positive reference letters from co-teachers or administrators.

**VII. PLAINTIFF'S CERTIFICATION**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

10/25/2021  
 Dated  
 Gina -  
 First Name Middle Initial Last Name  
 220 West 26<sup>th</sup> St # 901  
 Street Address  
 New York NY 10001  
 County, City State Zip Code  
 646 584 2025  
 Telephone Number Regina Kontursi@gmail.com  
 Email Address (if available)

I have read the attached Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☒ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

**ADDENDUM TO FEDERAL COMPLAINT FOR REGINA CONTURSI MACHADO DA  
SILVEIRA @ 10/25/21**

1. I was employed by the NYCDOE as an early childhood teacher from September 2015 to September 7, 2020. I was hired by Principal Melatina Hernandez at PS/MS 123, the Mahalia Jackson School of Literacy & the Arts (a renewal/failing and hard-to-staff school), to teach Pre-K in my first year in 2015-16. I taught Kindergarten from September 2016 until June 2020 at the school.
2. I believe I have been discriminated against based on my age (54 years old), national origin (Brazilian), and disability since birth (optic atrophy). I have a visual disability which I did not disclose when I was hired, but I learned to cope and function as a teacher with it. I also speak with an accent as a person born in Brazil, and did not come to the United States until in my 30s.
3. I have suffered several adverse actions, such as being rated ineffective unfairly by my administration in the 2018-19 school year, having my probationary period extended for the 2019-20 school year, receiving unjustified disciplinary letters in January 2020, and ultimately being discontinued on September 7, 2020.
4. As a new teacher in the 2015-16 school year, I did not have the training and mentorship required. I was basically left alone with 22 students, some of them with very hard-to-manage behaviors, to do the best I could on my own. I received a Satisfactory rating the first year.
5. I asked to teach kindergarten in the 2016-17 school year, but I did not receive adequate support from my literacy and math coach as a first year kindergarten teacher. Nonetheless, I received an Effective overall rating for the 2016-17 school year.
6. I was rated Satisfactory in the 2015-16 school year, and Effective overall in the 2016-17 and 2017-18 school years.
7. I was rated Ineffective overall for the 2018-19 after I filed several student safety incident reports in the school through my union UFT in the winter and spring of 2019.
8. After I filed these safety incident reports, I received a disciplinary letter to file and non letter to file in January 2020.
9. When remote learning started in March 2020 after the pandemic began, I had difficulty participating fully in the remote staff meetings and technology training because of my disability.
10. During the pandemic, I received a notice of discontinuance of my employment on or about June 26, 2020, and was discontinued on September 7, 2020. I did not receive a rating for the 2019-20 school year because ratings were suspended due to the pandemic.



11. I believe I did not receive the same support as some of my younger nondisabled colleagues, such as another kindergarten colleague teacher Ms. Chavez. Ms. Chavez (who is Mexican) received more trainings than I did.

12. On or about December 2019, my younger teacher colleague Courtney Schlasier received special accommodations regarding dealing with violent students that I was not given. She was allowed to go into my classroom during my prep periods, and was not required to handle my students on her own. Ms. Schlasier is Caucasian but not Brazilian.

13. I believe I was perceived as disabled during remote teaching after March 2020. I do have a vision impairment problem that made it more difficult to work at home.

14. I believe I have been discriminated against based on my age, national origin and/or disability, based on termination of my employment.

EEOC Form 161 (11/2020)

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

## DISMISSAL AND NOTICE OF RIGHTS

To: **Regina Contursi Machado Da**  
**220 West 26th Street, 901**  
**New York, NY 10001**

From: **New York District Office**  
**33 Whitehall Street**  
**5th Floor**  
**New York, NY 10004**



On behalf of person(s) aggrieved whose identity is  
**CONFIDENTIAL (29 CFR §1601.7(a))**

EEOC Charge No.

EEOC Representative

Telephone No.

**16G-2021-00837**

**Holly M. Shabazz,**  
**State & Local Program Manager**

**(929) 506-5316**

## THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:



The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.



Your allegations did not involve a disability as defined by the Americans With Disabilities Act.



The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.



Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge



The EEOC issues the following determination: The EEOC will not proceed further with its investigation, and makes no determination about whether further investigation would establish violations of the statute. This does not mean the claims have no merit. This determination does not certify that the respondent is in compliance with the statutes. The EEOC makes no finding as to the merits of any other issues that might be construed as having been raised by this charge.



The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.



Other (briefly state)

**Charging Party wishes to pursue matter in Federal District Court.****- NOTICE OF SUIT RIGHTS -**

(See the additional information attached to this form.)

**Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act:** This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit must be filed **WITHIN 90 DAYS** of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

**Equal Pay Act (EPA):** EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission



July 30, 2021

Enclosures(s)

**Judy A. Keenan,**  
**District Director**

(Date Issued)

cc: **CITY OF NEW YORK, DEPARTMENT OF EDU**  
**Office of the General Counsel**  
**52 Chambers Street, Room 308**  
**New York, NY 10007**

**Glass Krakower, Esq.**

**New York State Division of Human Rights  
Employment Complaint Form**

Although workers, interns and volunteers of all ages are protected, you must be 18 years or older to file a complaint. A parent, guardian or other person having legal authority to act in the minor's interests must file on behalf of a person under the age of 18.

**1. Your contact information:**

First Name <u>Gina (Regina)</u>		Middle Initial/Name
Last Name <u>Contural Machado Da Silveira</u>		
Street Address/ PO Box <u>220 West 26th Street</u>		Apt or Floor #: <u>901</u>
City <u>New York</u>	State <u>NY</u>	Zip Code <u>10001</u>
If you are filing on behalf of another, provide the name of that person:	Date of birth:	Relationship:

**2. Regulated Areas: Check the area where the discrimination occurred:**

(If you wish to file against multiple entities, for example employer and temp agency, please file a separate complaint against each.)

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Employment (including paid internship)                | <input type="checkbox"/> by a Labor Organization        |
| <input type="checkbox"/> Internship (unpaid)  | <input type="checkbox"/> Apprentice Training            |
| <input type="checkbox"/> Contract Work (independent contractor, or work for a contractor) | <input type="checkbox"/> by a Temp or Employment Agency |
| <input type="checkbox"/> Volunteer Position   | <input type="checkbox"/> Licensing                      |

**3. You are filing a complaint against:**

Employer, Worksite, Agency or Union Name <u>New York City Department of Education/ PS 123 Mahalia Jackson</u>		
Street Address/ PO Box <u>301 W 140th Street</u>		
City <u>New York</u>	State <u>NY</u>	Zip Code <u>10030</u>
Telephone Number: <u>(212) 342-6200</u>		
In what county or borough did the violation take place? <u>New York County</u>		
Individual people who discriminated against you:		
Name: <u>Melatina Hernandez</u>	Title: <u>Principal</u>	
Name: <u>Jennifer Johnson</u>	Title: <u>Assistant Principal</u>	
If you need more space, please list them on a separate piece of paper. <b>SEE ATTACHED</b>		

**4. Date of alleged discrimination (must be within one year of filing):**

The most recent act of discrimination happened on: 08 28 2020  
month day year

**5. For employment and internships, how many employees does this company have?**

- ☐ 1-14      ☐ 15-19      ☒ 20 or more      ☐ Don't know

<b>6. Are you currently working for this company?</b>			
<input type="checkbox"/> <b>Yes.</b> Date of hire:      month      day      year			What is your position?
<input checked="" type="checkbox"/> <b>No.</b> Last day of work:      09      01      2020 month      day      year			What was your position? <b>Kindergarten Teacher</b>
<input type="checkbox"/> <b>I was never hired.</b> Date of application:      month      day      year			What position did you apply for?
<b>7. Basis of alleged discrimination:</b> Check <b>ONLY</b> the boxes that you believe were the reasons for discrimination, and fill in specifics only for those reasons. Please look at page 2 of "Instructions" for an explanation of each type of discrimination.			
<input checked="" type="checkbox"/> <b>Age:</b> Date of Birth: <u>4/16/1988</u>		<input type="checkbox"/> <b>Familial Status:</b>	
<input type="checkbox"/> <b>Arrest Record</b>		<input type="checkbox"/> <b>Military Status:</b> <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran	
<input type="checkbox"/> <b>Conviction Record</b>		<input type="checkbox"/> <b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
<input type="checkbox"/> <b>Creed/ Religion:</b> Please specify: _____		<input checked="" type="checkbox"/> <b>National Origin:</b> Please specify: <u>Brazilian</u>	
<input checked="" type="checkbox"/> <b>Disability:</b> Please specify: <u>Optic Athropy</u>		<input type="checkbox"/> <b>Predisposing Genetic Characteristic:</b>	
<input type="checkbox"/> <b>Domestic Violence Victim Status</b>		<input type="checkbox"/> <b>Pregnancy-Related Condition:</b> Please specify: _____	
<input type="checkbox"/> <b>Gender Identity or Expression, including the Status of Being Transgender</b>		<input type="checkbox"/> <b>Sexual Orientation:</b> Please specify: _____	
<input type="checkbox"/> <b>Race/Color or Ethnicity:</b> Please specify: _____ <input type="checkbox"/> Trait historically associated with race such as hair texture or hairstyle		<input type="checkbox"/> <b>Sex:</b> Please specify: _____ Specify if the discrimination involved: <input type="checkbox"/> Pregnancy <input type="checkbox"/> Sexual Harassment	
<input type="checkbox"/> <b>Use of Guide Dog, Hearing Dog, or Service Dog</b>			
If you believe you were treated differently after you filed or helped someone file a discrimination complaint, participated as a witness to a discrimination complaint, or opposed or reported discrimination due to any category above, check below:			
<input type="checkbox"/> <b>Retaliation:</b> How did you oppose discrimination: _____			
If you believe you were discriminated against because of your relationship or association with a member or members of a protected category listed above, indicate the relevant category(ies) above, and check below.			
<input type="checkbox"/> <b>Relationship or association</b>			

<b>8. Acts of alleged discrimination: What did the person/company you are complaining against do? Check all that apply</b>			
<input type="checkbox"/> Refused to hire me	<input checked="" type="checkbox"/> Gave me a disciplinary notice or negative performance review	<input type="checkbox"/> Denied my request for an accommodation for my disability, or pregnancy-related condition	<input type="checkbox"/> Sexual harassment
<input checked="" type="checkbox"/> Fired me/laid me off	<input type="checkbox"/> Suspended me	<input type="checkbox"/> Denied me an accommodation for domestic violence	<input checked="" type="checkbox"/> Harassed or intimidated me on any basis indicated above
<input type="checkbox"/> Demoted me	<input type="checkbox"/> Did not call back after lay-off	<input type="checkbox"/> Denied me an accommodation for my religious practices	<input type="checkbox"/> Denied services or treated differently by a temp or employment agency
<input type="checkbox"/> Denied me promotion/ pay raise	<input type="checkbox"/> Paid me a lower salary than other co-workers doing the same job	<input type="checkbox"/> Denied me leave time or other benefits	<input type="checkbox"/> Denied a license by a licensing agency
<input checked="" type="checkbox"/> Denied me training	<input checked="" type="checkbox"/> Gave me different or worse job duties than other workers doing the same job	<input type="checkbox"/> Discriminatory advertisement or inquiry or job application	<input type="checkbox"/> Other:

**9. Description of alleged discrimination**

***Tell us more about each act of discrimination that you experienced. Please include dates, names of people involved, and explain why you think it was discriminatory. TYPE OR PRINT CLEARLY.***

***Please see attached.***

***If you need more space to write, please continue writing on a separate sheet of paper and attach it to the complaint form. DO NOT WRITE IN THE MARGINS OR ON THE BACK OF THIS FORM.***

### Notarization of Complaint

Based on the information contained in this form, I charge the herein named respondent(s) with an unlawful discriminatory practice, in violation of the New York State Human Rights Law.

By filing this complaint, I understand that I am also filing my employment complaint with the United States Equal Employment Opportunity Commission under the Americans With Disabilities Act (covers disability related to employment), Title VII of the Civil Rights Act of 1964, as amended (covers race, color, religion, national origin, sex relating to employment), and/or the Age Discrimination in Employment Act, as amended (covers ages 40 years of age or older in employment). This complaint will protect my rights under federal law.

I hereby authorize the New York State Division of Human Rights to accept this complaint on behalf of the U.S. Equal Employment Opportunity Commission, subject to the statutory limitations contained in the aforementioned law.

I have not filed any other civil action, nor do I have an action pending before any administrative agency, under any state or local law, based upon this same unlawful discriminatory practice. (If you have another action pending and still wish to file, please contact our office to discuss.)

PLEASE INITIAL \_\_\_\_\_ RC


I swear under penalty of perjury that I am the complainant herein; that I have read (or have had read to me) the foregoing complaint and know the contents of this complaint; and that the foregoing is true and correct, based on my current knowledge, information, and belief.



Sign your full legal name

Subscribed and sworn before me

This 6<sup>th</sup> day of January, 2021



Signature of Notary Public

County:

Commission expires:

RACHEL BADAL  
Notary Public, State of New York  
No. 019623097  
Commission Expires 01/23

**Please note: Once this form is completed, notarized, and returned to the New York State Division of Human Rights, it becomes a legal document and an official complaint with the Division.**

**Additional Information, Page 1: This page is for the Division's records and will not be sent to the company or person(s) whom you are filing against.**

**1. Contact Information**

My primary telephone number: (646) 584-2025

My secondary telephone number:

My date of birth: 4/16/1986

(Required) My email address: reginacontursi@gmail.com

*The Division uses email, whenever possible, to communicate with the parties to complaints. This avoids delays and lost mail, and increases the efficiency of Division case processing. Therefore, you are required to provide an email address, if you have one, and to keep us advised of any change of your email address. The Division will not use your email address for any non-case related matters.*

Contact person (Someone who does not live with you but will know how to contact you if we cannot reach you)

Contact person's name: Haroula Ntalla

Contact person's telephone number: (212) 208-6640 / (917) 915-6307

Contact person's address:

Contact person's email address: harantk@gmail.com

Contact person's relationship to me: Friend

**2. Special needs: I am in need of:**

- ☐ Interpretation (if so what language?): \_\_\_\_\_
- ☐ Accommodations for a disability: \_\_\_\_\_
- ☐ Privacy. Keep my contact information confidential as I am a victim of domestic violence
- ☐ Other: \_\_\_\_\_

**3. Settlement / Conciliation: To settle this complaint, I would accept:**

*(Explain what you want to happen as a result of this complaint. Do you want a letter of apology, job offer, return to the job, an end to the harassment, compensation, etc.?)*

Clean up my record, remove discontinuance from my record, compensation for lost salary, health insurance, pension, legal fees and emotional distress.

**4. Witnesses (Information about witnesses may be shared with the parties as necessary for the investigation) The following people saw or heard the discrimination and can act as witnesses:**

Name: Mr. Da Costa

Telephone Number: \_\_\_\_\_

What did this person witness?

Lack of support regarding violent students.

Title: Dean of Discipline

Relationship to me: Co Worker

Name: Ms. Danyse

Telephone Number: \_\_\_\_\_

What did this person witness?

Ms. Danyse was my literacy coach and she said I was a good teacher.

Title: Literacy Coach

Relationship to me: \_\_\_\_\_



**Additional Information, Page Two**

**5. Did you report or complain about the discrimination to someone else?** ☐ Yes ☒ No

**If yes, how exactly did you complain about the discrimination? (To whom did you complain?)**

**Date you reported or complained about discrimination:**

\_\_\_\_\_  
month

\_\_\_\_\_  
day

\_\_\_\_\_  
year

**What happened after you complained?**

**If you did not report the discrimination, please explain why:**

**6. Were other people treated the same as you? How?**

*(For example, people who were harassed by the same manager, disciplined or terminated for the same reasons, did not receive an accommodation for the same reasons, etc.).*

*If you are complaining about discrimination relating to race, national origin, age, religion, etc. please describe their races, national origins, religions, etc.*

Carol Reiss, another older teacher discriminated against by Principal Hernandez.

**7. Were other people treated better than you? How?**

*(For example, people who were not fired for doing the same thing you were fired for, people who were doing the same job but making more money, etc.).*

*If you are complaining about discrimination relating to race, national origin, age, religion, etc. please describe their races, national origins, religions, etc.*

Courtney Schlasier, a younger teacher who received special accommodations for dealing with violent students. Alexandra Chavez, Diana Archie and Ms. Rosario are all younger teachers who received more support from administration than I did. For example, Ms. Rosario, had 4 adults in her self contained class of 8 students.

**ADDENDUM TO SDHR COMPLAINT FOR REGINA CONTURSI MACHADO  
DA SILVEIRA @ 11/25/20**

- 1. I worked as a teacher for the NYCDOE from September 2015 as a prekindergarten and kindergarten teacher under Principal Melatina Hernandez.**
- 2. I suffer from a disability of vision impairment due to nerve optic atrophy.**
- 3. I am of Brazilian national origin.**
- 4. I am presently 54 years old born in 1966.**
- 5. After two years of effective ratings as a kindergarten teacher, I was rated ineffective in the 2018-19 school year and my probationary period was extended.**
- 6. I was assigned an independent peer validator in the 2019-20 school year, and, upon information and belief, I received positive feedback from two different evaluators.**
- 7. I received a disciplinary letter to file and non letter to file in January 2020.**
- 8. I received a notice of discontinuance of my employment on or about June 26, 2020, and was discontinued on September 7, 2020.**
- 9. I believe I did not receive the same support as some of my younger nondisabled colleagues, such as another kindergarten colleague teacher Ms. Chavez.**
- 10. On or about December 2019, my younger colleague Courtney Schlasier received special accommodations regarding dealing with violent students that I was not given.**
- 11. I believe I was perceived as disabled during remote teaching after March 2020. I do have a vision impairment problem that made it more difficult to work at home. I received notice of discontinuance while I was working as a remote teacher in late June 2020.**
- 12. I believe I was discriminated against based on my age, national origin and/or disability.**

**New York State Division of Human Rights Employment Complaint**

**Gina (Regina) Contursi Machado Da Silveira**

**3. You are filing a complaint against: Continued**

Individual people who discriminated against you:

Name: Brittany Velazquez

Title: Assistant Principal

Name: Shana Baron

Title: Assistant Principal

**4. Witnesses (*information about witnesses may be shared with the parties as necessary for the investigation*)** The following people saw or heard the discrimination and can act as witnesses: **Continued**

Name: Karin Diaz      Title: Technology Coach

Name: Ms. O'Brien      Title: Music Teacher/co-teacher